

## HEALTH DEPARTMENT 200 W. Front St., Room 304 Bloomington, IL 61701 (309)888-5450

## EMPLOYMENT APPLICATION

Last Name	First Name		Middle Name/I	nitial
Street and Number	City		County	
		( '		
State	Zip	Phone		
Can your education and/or employs YesNo	ment records be verified using	g the above name and s	social security nu	ımber?
If no, list other name(s): Name, address and phone number of	of person who will know whe	re you may be contacte	ed:	<del></del>
		( )		
		Phone		
	tion Announcement and be s	lication.	without reasons	able
Position(s) applied for:				
How did you learn of the examination	on/position?			
Have you previously been employed If yes, from	d by McLean County? toDepartme	YesNo nt		
Are you at least eighteen (18) years	of age? YesNo			
Are you a U.S. citizen or an alien le	egally authorized to work in t	the United States?	Yes	_No
On what basis are you available for Full time		all that apply) Summer	Temporary	1
Are you available for: Weeker Rotating On Call	g Shifts	Yes       No         Yes       No         Yes       No		
Shift Preference (check any or all t		Evenings		
Date available for work/_	/Rate of page 2.5	ay expected \$	per h	our.
1. Have you ever been discharged	or asked to resign from emplo	oyment?	Yes	No
2. Do you object to an inquiry of w	ou present employer in regard		·k with ot <u>hers, w</u>	ork record, qual

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1. Do you possess a	valid Driver's License?		Yes_	NoN/A _	
2. Do you possess a	valid Commercial Drivers Licens	e	Yes_	NoN/A _	
3. Can you produce t	yped material (typewriter, comp	iter, other)?	Yes_	NoN/A	
4. Can you take note	s verbatim (word for word) at a r	easonable speed	Yes_	NoN/A	
List any in-service tra	aining, instruction courses or pro	-	•		
List any special infor	rmation as to your work record yo				
and/or the position fo	xperiences, skills or qualification which you are applying?				
If license, certificate complete the following		a trade or profe	ssion is r	required for the positio	n for which you are app
	fession:				
Granted By:			City a	nd/or State of:	
Specialty:			Licen	sed From:	To:
·····					
EDUCATION	Name and Location	Years Complet	1	Diploma/Degree	Course of Study
	Name and Location	<b>I</b>	ted	Diploma/Degree	Course of Study
High School  College	Name and Location	Comple	ted	Diploma/Degree	Course of Study
High School	Name and Location	9 10 11	12	Diploma/Degree	Course of Study
High School  College  Graduate /	Name and Location	9 10 11  1 2 3	12 4	Diploma/Degree	Course of Study
High School  College  Graduate / Professional  Trade School		Complete 9 10 11  1 2 3  1 2 3	12 4 4		
High School  College  Graduate / Professional  Trade School	Name and Location	Complete 9 10 11  1 2 3  1 2 3	12 4 4		
High School  College  Graduate / Professional  Trade School		Complete 9 10 11  1 2 3  1 2 3	12 4 4		
High School  College  Graduate / Professional  Trade School		Complete 9 10 11  1 2 3  1 2 3	12 4 4		

EMPL	OVI	IENT	EXPER	RIENCE

Start with your present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

1. Employer	Dates E	mployed	
	From	То	
Address	Hourly R	Rate/Salary	Work Performed:
	Starting:		
Telephone	Final:		
Job Title	Supe	ervisor	
Reason for Leaving			
2. Employer	Dates E	Employed	
	From	T <sub>0</sub>	<del></del>
Address	Hourly R	l Rate/Salary	Work Performed:
<b>3</b>	Starting:		
Telephone	Final:		<u></u>
Job Title	Supe	ervisor	
Reason for Leaving			
3. Employer	Dates E	Employed	
	From	То	
Address	Hourly B	tate/Salary	Work Performed:
	Starting:	***************************************	
Telephone	Final:		
Job Title	Supe	ervisor	
Reason for Leaving			
4. Employer	Dates E	Employed	
	From	То	
Address	Hourly R	tate/Salary	Work Performed:
	Starting:		
Telephone	Final:		
Job Title	Supe	ervisor	
Reason for Leaving			
			i .

Name	Relationship	Year	s Acquainted
Address		( Pho	)
		1 1101	
Name	Relationship	Year	rs Acquainted
		(	)
Address		Phor	ne
Name	Relationship	Year	s Acquainted
	•	(	,
Address		Pho	ne
	AGREEM	FNT	
I certify that the answers g	given herein are true and complete	to the best of my knowle	dge
related matters as may be persons from all liability i	ty to make such investigations and necessary in arriving at an employ n responding to inquiries in connect, I understand that false or misles also understand that I am require	ment decision. I hereby rection with my application adding information given i	elease employers, schools or i. n my application or interview(
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